

# Retirement Counseling Appointment Request

Please type or print all information clearly.

TRS ☐

ERS ☐

Applicant's Name: \_\_\_\_\_  
Last First Middle Int.

Home Mailing Address: \_\_\_\_\_  
Street Address

City State Zip code

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ and/or PID #: \_\_\_\_\_

Sex: ☐ Male ☐ Female Email Address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

If you need information about purchasing Prior or Withdrawn Service or any other issues you wish to discuss during your appointment, please indicate such on the back of this form.

\*Proposed Retirement Date: Month \_\_\_\_\_ 1, Year \_\_\_\_\_.

\*Proposed Drop Enrollment Date: Month \_\_\_\_\_ 1, Year \_\_\_\_\_.

Are you participating in DROP at this time? \_\_\_\_\_

Employer ? \_\_\_\_\_ Number of Years of Service: \*\* \_\_\_\_\_

\*(Date will be used to calculate an estimate of benefits.)

\*\* (Do not include service credit you intend to purchase – must be service credit as of today.)

➔ **TRS Members Only Please complete this section:**

Number of sick days: \_\_\_\_\_ Current Contract Type > circle one: 12 mos. / 10 mos. / 9 mos.

Job Classification (Principal, Bus Driver, Teacher, etc.): \_\_\_\_\_

**List 2 site choices for your individual counseling appointment.**

1st Choice \_\_\_\_\_  
(Location)

2nd Choice \_\_\_\_\_  
(Location)

**Mail this request form to:**

**RSA Field Services Division ♦ Attn: Appointments ♦ P. O. Box 302150 ♦ Montgomery AL 36130-2150**

- ♦ You will be notified by mail 4 weeks prior to your session stating your **appointment date and time.**
- ♦ **Day and Time slots are filled in time order and are not subject to change.**
- ♦ No field appointments will be made by phone and no faxes or emails will be accepted to register.

To **cancel** your appointment, please call the Retirement Systems of Alabama at 1-877-517-0020. Request to speak to someone in the Field Services Division. Cancellations should be made as soon as possible but no later than 1 week prior to the appointment. There is generally a waiting list for each appointment.

\*To receive a *confirmed appointment*, you must be **within 3 years of retirement eligibility**. If your file indicates otherwise, you will not be scheduled for a counseling appointment but will be notified of the inaction.

Signature of Applicant: \_\_\_\_\_

Retirement Systems of Alabama  
[www.rsa-al.gov](http://www.rsa-al.gov)

For RSA Office Use Only:

Date: \_\_\_\_\_

Order: \_\_\_\_\_

Confirmed with Letter: \_\_\_\_\_